

## **Application for Fixed Payment for Moving Expenses: Business-Farm-NPO**

Project Title:				Parcel No.:	
Type of Displacement: Bus Farm NPO	Displaced Person(s):			Displac	ee No.:
I, the undersigned applicant, hereby apply for a fixed payment in lieu of all other moving and related costs and expenses.					
I understand that the amount of said payment will be determined by the Washington State Department of Transportation (WSDOT) based upon copies of income tax returns and other evidence WSDOT deems necessary; that said payment will be equal to the average taxable income of the business or farm operation before displacement (nonprofit organizations payment will be based on the average of annual gross revenues less administrative expenses); said payment shall be no less than \$1,000 or no more than \$20,000.					
My business, farm operation or nonprofit organization is commonly known as:					
For the purpose of this application, I hereby declare and certify that:  I am the owner of a business, farm operation or nonprofit organization lawfully located upon real property from which personal property belonging to said business, farm operation or nonprofit organization is required to be moved as a result of the acquisition of said real property, in whole or in part, or as a result of a written order to vacate by WSDOT; and that said business, farm operation or nonprofit organization has been in continuous operation since, and that					
Business					
<ol> <li>Said business cannot be relocated without a substantial loss of its existing patronage; and</li> <li>The business is not part of a commercial enterprise having more than three other entities which are not being acquired by the agency, and which are under the same ownership and engaged in the same or similar business activities; and</li> <li>The business contributed materially to the income of the displaced person during the two taxable years prior to displacement; and</li> <li>The business is not operated at a displacement dwelling or site solely for the purpose of renting such dwelling or site to others.</li> </ol>					
Farm Operation					
<ol> <li>Said farm operation contributes materially to my income; and</li> <li>Said acquisition will cause such a substantial change in the nature of the existing farm operation as to constitute a displacement of the entire farm operation; or</li> <li>Any remaining operation will no longer be an economic unit for continuation of the same farm operation.</li> </ol>					
Nonprofit Operation					
Said nonprofit organization cannot be relocated without a substantial loss of existing patronage (membership or clientele).					
Applicant Signature:		Title:		Date:	
I certify that, to the best of my knowledge, this applicant meets all the criteria necessary for qualification for a fixed payment in lieu of all moving and moving related expenses.					
Relocation Supervisor:		Date:		Amount Approved	
Assistant Director, Relocation Assistance Program:		Date		\$	